

REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT			
MEMBER'S NAME	SSN	DATE	
PRESENT SHIP/STATION	UIC	OVERSEAS LOCATION	UIC
ISOLATED <input type="checkbox"/> YES <input type="checkbox"/> NO			
<p>PART I: COMMAND REVIEW - The purpose of the Command Review is to determine, via record review and personal interview, member and spouse/family member(s)' suitability for overseas duty/life in the assigned overseas location. (To be completed by Commanding Officer of transferring command.) Refer to ETM Article 4.012/OTM Article 4.2.</p> <p>YES NO</p> <p>1. <input type="checkbox"/> <input type="checkbox"/> Has the member or any spouse/family member(s) previously been reassigned, prior to normal tour completion, due to their unsuitability?</p> <p> <input type="checkbox"/> <input type="checkbox"/> If "YES," does the reason for the previous reassignment still exist? (Explain in remarks section.)</p> <p>2. <input type="checkbox"/> <input type="checkbox"/> Does the member have sufficient OBLISERV to complete the prescribed tour? If "NO", have the member reenlist (NAVPERS1070/601) or execute an extension (NAVPERS 1070/621) to incur sufficient OBLISERV, in accordance with Enlisted Transfer Manual Chapter 4. Page 13 entries for OBLISERV are prohibited. (OBLISERV MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS). For SRB issues see NAVADMIN 271/99.</p> <p>3. <input type="checkbox"/> <input type="checkbox"/> (E5 and above) Does the member, spouse, or family member(s) have serious problems of indebtedness, credit loss or other financial problems which have not been reconciled with the creditor(s) or interested parties (i.e. bankruptcy)?</p> <p> <input type="checkbox"/> <input type="checkbox"/> (E4 and below) Has member completed debt-to-income (DTI) ratio screening IAW OPNAVINST 1740.5 (series), (Command Financial Specialist Training Manual 15608 (series))? If DTI ratio is 30% or greater, mark unsuitable or submit waiver IAW ETM 4.012.</p> <p>4. <input type="checkbox"/> <input type="checkbox"/> a. Has the member been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or had any involvement in any ongoing civil or criminal action?</p> <p> b. Has spouse or any family member(s) been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or have any involvement in any ongoing civil or criminal action?</p> <p>5. <input type="checkbox"/> <input type="checkbox"/> Does the member or spouse/family member(s) have a record of any involvement with illegal drugs or alcohol within the past 24 months? (Exceptions are recent enlistees who received an enlistment waiver or from whom no waiver was required for enlistment). For alcohol related cases, if member has completed an education or early intervention program, they are suitable for overseas assignment.</p> <p>6. <input type="checkbox"/> <input type="checkbox"/> Is the member or spouse/family member(s) involved in an open FAP (Family Advocacy Program) case that is still under investigation or for which treatment is still ongoing? (Any case/cases that has/have been adjudicated "Closed," shall not be considered disqualifying.)</p> <p> a. In any case, does local FAP representative favorably endorse member with family members for overseas duty?</p> <p>7. <input type="checkbox"/> <input type="checkbox"/> Was the member's spouse previously a member of the armed forces? If yes, and the characterization of separation was other than "Honorable," explain in the remarks section.</p> <p>8. <input type="checkbox"/> <input type="checkbox"/> Does member/spouse have legal custody of all accompanying minor family members?</p>			

MEMBER'S NAME	SSN	DATE
<p>YES NO</p> <p>9. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Are any of the member's family members covered in a custody agreement? If "NO," go to question 10.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> a. Does agreement prevent removal of family members from CONUS without prior court approval or agreement between the interested parties? If "NO," go to question 10.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> b. Has member obtained prior court approval of requisite agreement from other interested party for removal of family members from CONUS, if required by state law? (<u>Please note:</u> Navy policy does not require a separate agreement if not required by state law.)</p> <p>10. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the member within standards to transfer IAW PRT standards?</p> <p>11. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Single parents/military couples with family members.) Have family member care requirements been met in accordance with OPNAVINST 1740.4 series?</p> <p>NOTE: While the unique situation of single parents with family members is not in itself disqualifying, this fact should be pointed out upon submission of message certification of screening to NAVPERSCOM (PERS-40)/(PERS-451)/(EPMAC.)</p> <p>12. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> FOR PERSONNEL E-3 AND BELOW: Has the member been counseled that personnel in these paygrades, having family members, will not be assigned accompanied overseas duty ? Members can be assigned unaccompanied based on readiness needs. (NOTE: Single E-3 and below who acquire (a) family member(s) en route and bring them without dependent entry approval/command sponsorship along, will most probably return them at personal expense and serve the complete area tour unaccompanied.)</p> <div style="text-align: right; margin-right: 100px;"> <p>_____ Member's signature</p> <p>_____ Date</p> </div> <p>13. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Has member received a unsatisfactory or marginal performance mark in the last two (2) years progressing or recommended is suitable?</p> <p>14. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Has member and adult dependents received "Level I" Antiterrorism – Force Protection (Level III for O-5/O-6 Commanding Officer Awareness Training), prior to transfer, and recorded on Page 13? (Contact your local Family Service Center if training is not available at your command)</p> <p>REMARKS: _____ _____</p> <p>I, _____, am aware that the failure to divulge disqualifying information or amplifying information (medical/dental/personal) pertaining to the questions on this checklist may ultimately result in disciplinary action punishable under the UCMJ.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>_____ MEMBER (Signature)</p> </div> <div style="width: 20%;"> <p>_____ DATE</p> </div> <div style="width: 30%;"> <p>_____ MEMBER (Name, Rank/Rate)</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 30%;"> <p>_____ INTERVIEWER (Signature)</p> </div> <div style="width: 20%;"> <p>_____ DATE</p> </div> <div style="width: 30%;"> <p>_____ INTERVIEWER (Name, Rank/Rate) (CMD Title)</p> </div> </div>		

MEMBER'S NAME

SSN

DATE

PART II: RECOMMENDATION OF COMMANDING OFFICER (OR OIC) OF MEDICAL TREATMENT FACILITY.

Based on the information available as a result of screening and on the capabilities of the Medical/Dental Treatment Facility in the area of assignment to which ordered, the following recommendation is forwarded:

- YES NO (Military member)
1. ☐ ☐ Complete BUMED 1300/1 part I and II, if shaded block has a negative answer, provide endorsement from gaining MTF/DTF?
- (Family members Medical/Dental)
2. ☐ ☐ Are family members recommended for overseas assignment? If tour is a 24 month or less unaccompanied tour (except for Diego Garcia and Souda Bay Crete), screening not required. If shaded block has a negative answer, provide endorsement from gaining MTF/DTF.
3. ☐ ☐ EFM category, if applicable. (EFM category _____) Attach gaining command's endorsement.

Signature of CO/OIC or Designee
of Medical Treatment Facility

Date

Print name of CO/OIC or Designee
of Medical Treatment Facility

PART III: COMMANDING OFFICER'S ENDORSEMENT

On the basis of all available information, I endorse _____ /I do not endorse _____ (check one) the member's orders for the overseas assignment.

Commanding Officer (Signature)

Date

Commanding Officer (Name, Rank)

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 USC 301 Departmental Regulations. The information will be used to assist officials and employees of the Department of the Navy in determining your future duty assignment. Completion of the form is mandatory except for duty and home phone numbers; failure to provide required information may result in delay in response to or disapproval of your request.

“Any marks in the shaded areas of this form requires transferring command to contact gaining MTF.”

MEDICAL, DENTAL AND EDUCATIONAL SUITABILITY SCREENING FOR SERVICE AND FAMILY MEMBERS

SERVICE MEMBER NAME	GRADE / RATE	SSN
FAMILY MEMBER NAME	FAMILY MEMBER PREFIX	SSN
NEXT DUTY STATION:	NEXT UNIT IDENTIFICATION CODE (UIC):	

PART I

Medical Screening. Completed by the medical provider to identify special needs and determine if a service or family member is suitable for an overseas, remote duty or operational assignment. Complete the Report of Medical History (SF 93) and attach to this form.

Duty of Operational assignment. Complete the Report of Medical History (SF 93) and attach to this form.			ITEM
Yes	No	N/A	
			1. All health records (military and civilian) reviewed?
			2. Physical examinations are current?
			3. G-6P-D, PPD and Sickle Cell trait test and Blood Type completed & documented?
			4. Immunizations are up-to-date and meet destination country requirements?
			5. Reference audiogram documented on DD 2215?
			6. Latest audiogram (DD 2216) reviewed?
			7. HIV testing completed and documented?
			8. DNA testing completed and documented?
			9. Pap smear and pelvic/breast examination within past year?
			10. Mammogram current (based on age)?
			11. Pregnancy test completed within 30 days of transfer?
			12. If pregnant? (EDC:)
			13. Were medical interventions required in the past 12 months for any of the following? (document on SF 93)
			a. Orthopedic problems (e.g., chronic back, knee, joint pain or weakness)
			b. Cardiovascular problems (e.g., chest pain/angina, arrhythmia, valve disease, infarction)
			c. Gynecologic problems (e.g., chronic pelvic pain, abnormal PAP, breast mass)
			d. Neurologic problems (e.g., seizure, pinched nerve, migraine, neuropathy)
			e. Recurrent respiratory problems (e.g., asthma, RAD, chronic sinus, allergies)
			f. Psychological conditions (e.g., depression, adjustment/personality disorder, ADD/ADHD)
			g. Recurrent or frequent medications (list on SF 93)
			h. Alcohol abuse or dependence
			i. Developmental concerns (e.g., motor, cognitive, communication, social/emotional, or adaptive development)
			j. Conditions which, by MANMED, chapter 15, section IV, are disqualifying for Special Duty assignment.
			k. Other concerns or conditions? (explain):
			14. For service/family members requiring medication in excess of 90 days:
			a. Is the patient in the maintenance phase of treatment?
			b. Should medication use cease, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior or result in a limited duty, MEDEVAC, or early return situation?
			c. Is the medical staff at the gaining MTF/operational platform competent to manage the medication manipulation(s) if the underlying condition exacerbates?
			d. Can the pharmacy at the gaining MTF/operational platform obtain the medication for the duration of the assignment? Non-authorized medical allowance list (AMAL) medications may be provided by the supporting MTF for up to 180 days or obtained through the national mail order pharmacy program.

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Yes	No	N/A	ITEM
			15. Are there pending consults or tests that have a bearing on assignment suitability?
			16. Is there a requirement for special medical supplies, adaptive equipment, assistive technology devices, special accommodations, etc.?
			17. If exposed to a physically or emotionally demanding environment, could the underlying condition become life threatening, pose a risk for dangerous or disruptive behavior, or result in a limited duty or MEDEVAC situation?
			18. Any past limited duty or medical board(s)? (document on SF 93)
			19. Can the gaining MTF/operational platform provide the current required medical, dental or educational support?
			20. Can the gaining MTF/operational platform provide required medical, dental, or educational support (diagnostic and therapeutic) if the underlying condition is exacerbated?
			21. Are there any chronic medical or mental health conditions requiring routine or continuing access to care or access to specialized medical care? (document on SF 93)
			22. For infants and toddlers (birth through age 2 inclusive) with a disability, is the child receiving or eligible to receive early intervention services as evidenced by an Individualized Family Service Plan (IFSP)?
			23. For preschool and school children (ages 3 to 21) with a disability, is the child receiving or eligible to receive special education and related services as evidenced by a Individualized Education Program (IEP) and Special Education Worksheet (NAVPERS 1754/4)?
			24. If required, were potential environmental concerns and possible health effects communicated to each service and family member? (document on appropriate SF 600 overprint)
			25. Other concerns? (specify)

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, THE GAINING MTF OR MEDICAL DEPARTMENT SUPPORTING THE OVERSEAS, REMOTE DUTY OR OPERATIONAL LOCATION MUST BE QUERIED CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. (attach reply)

Yes	No	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? (completed by a MTF designated military medical screener)		
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>_____ Military Medical Screener</p> <p>_____ Printed Name, Rank or Grade</p> <p>_____ MTF or Duty Station</p> <p>_____ Telephone Number (include area/country code)</p> <p>_____ DSN Number</p> <p>_____ Number (include area/country code) FAX</p> <p>_____ Email Address</p> </td> <td style="width: 50%; vertical-align: top;"> <p>_____ Civilian Medical Screener</p> <p>_____ Printed Name</p> <p>_____ Address</p> <p>_____ City, State and Zip Code</p> <p>_____ Telephone Number (include area/country code)</p> <p>_____ FAX Number (include area/country code)</p> <p>_____ Email Address</p> </td> </tr> </table>			<p>_____ Military Medical Screener</p> <p>_____ Printed Name, Rank or Grade</p> <p>_____ MTF or Duty Station</p> <p>_____ Telephone Number (include area/country code)</p> <p>_____ DSN Number</p> <p>_____ Number (include area/country code) FAX</p> <p>_____ Email Address</p>	<p>_____ Civilian Medical Screener</p> <p>_____ Printed Name</p> <p>_____ Address</p> <p>_____ City, State and Zip Code</p> <p>_____ Telephone Number (include area/country code)</p> <p>_____ FAX Number (include area/country code)</p> <p>_____ Email Address</p>
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PART II

Dental Screening. Completed by the dental screener to assess and match the dental needs of service or family member to the support capabilities during an overseas, remote duty or operational assignment.

Yes	No	N/A	ITEM
			1. All dental records (military and civilian) reviewed?
			2. Dental examinations are current?
			3. Is a reexamination required by a DTF if examined or treated at a non-Navy facility?
			4. Is service/family member in Dental Class 3 or 4? (completed by a military dental officer only)
			5. If required, can dental treatment be completed prior to the transfer?
			6. Is there a requirement for follow-on care such as orthodontics, implants, specialty prosthetics, etc.?
			7. Are there any chronic dental conditions requiring routine or continuing access to care or access to specialized dental care?
			8. Other concerns? (specify)

IF ANY OF THE ABOVE SHADED BLOCKS ARE CHECKED, THE GAINING DTF SUPPORTING THE OVERSEAS, REMOTE DUTY OR OPERATIONAL LOCATION MUST BE QUERIED CONCERNING LOCAL CAPABILITIES TO PROVIDE REQUIRED SUPPORT. (attach reply)

Yes	NO	IS THE SERVICE/FAMILY MEMBER SUITABLE FOR THE OVERSEAS, REMOTE DUTY OR OPERATIONAL ASSIGNMENT? (completed by a military dental officer only)
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Military Dental Screener
(Dental Officer's Signature)

Date

Printed Name, Rank or Grade

DTF or Duty Station

Telephone Number (include area/country code)

DSN Number

FAX Number (include area/country code)

Email Address

Civilian Dental Screener
(Dentist's Signature)

Date

Printed Name

Address

City, State and Zip Code

Telephone Number (include area/country code)

FAX Number (include area/country code)

Email Address